

**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8636 | www.rn.ca.gov**REQUEST FOR TOLLED PROBATION****PERSONAL INFORMATION**

Name: _____

RN License Number: _____

Current Address: _____

Telephone Number: _____

(Include street, city, zip code)

OUT OF STATE ADDRESS

Unit No ☐

Telephone Number: _____

(Include street, city, zip code)

DATE YOU ARE LEAVING/LEFT CALIFORNIA: _____**PROOF OF RESIDENCE DUE TO BOARD TWO WEEKS FROM ABOVE DATE (signed lease/rental agreement, utility deposit receipt, employment verification, other means of proof as approved by probation monitor)*****I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FORGOING INFORMATION, ENCLOSED STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.***_____
*Your Signature*_____
*Date Signed***FOR OFFICE USE ONLY**_____
Item of Proof_____
Date Rec'd